



CENTRAL BUCKS SCHOOL DISTRICT

LEADING THE WAY

The Central Bucks Schools will provide all students with the academic and problem-solving skills essential for personal development, responsible citizenship, and life-long learning.

PERMISSION SLIP FOR SCHOOL SPONSORED TRIP

School _____

Date _____

Pupil's Name _____ has my permission

to go to _____ on _____ from _____
(destination) (date) (time)

to _____ I understand that transportation will be by _____.
(time) (bus, train, etc.)

(teacher)

Additional Information

Please note any special health conditions, allergies, illnesses, etc. _____

In case of emergency during the event, I can be reached at _____,
(location)

(phone)

A NURSE WILL NOT BE AVAILABLE TO ADMINISTER MEDICATIONS ON FIELD TRIPS. PARENTS MUST PACKAGE MEDICATIONS AT HOME AND DELIVER IT TO THE TEACHER IN A SEALED ENVELOPE. MEDICATIONS THAT MUST BE DELIVERED IN PERSON NEED TO BE GIVEN DIRECTLY TO YOUR CHILD'S TEACHER BY A PARENT. ON THE ENVELOPE PLEASE INDICATE YOUR CHILD'S NAME, TEACHER AND THE TIME THE MEDICATION NEEDS TO BE GIVEN. THE CHILD WILL BE REQUIRED TO SELF ADMINISTER HIS/HER MEDICATION UNDER THE SUPERVISION OF THE TEACHER.

IN THE CASE OF EXTREME EMERGENCY, WHEN THE PARENT CANNOT BE CONTACTED, I GIVE SCHOOL AUTHORITIES PERMISSION TO CALL A PHYSICIAN TO TAKE WHATEVER ACTION DEEMED NECESSARY.

Parent/Guardian Signature _____

CB 913